

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 12

1. PLACE OF DEATH:

(a) County MACON  
(b) City or town MACON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all her life years, months or days

3. (a) PRINT FULL NAME Mrs Esthen Fowler

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife L. J. Fowler 6. (c) Age of husband or wife 1915  
7. Birth date of deceased Nov. 5 (Month) (Day) (Year)

8. AGE: Years 25 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ardmore Macon Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name H. A. Smith  
13. Birthplace Randolph Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Haney Jane Woods  
15. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Haney Jane Smith

(b) Address MACON, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem, Macon

18. (a) Signature of funeral director Stephens & Gooding Mo

(b) Address MACON, Mo.

19. (a) 2/6/41 (Date received local Registrar) (b) Seaton Henton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MACON  
(c) City or town MACON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 110 Pearl St (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17  
year 1941 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Shot By Own Hand

Due to Suicide

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Jan. 17 1941

(c) Where did injury occur? MACON, Macon Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature W. H. G. Smith (M. D. or other) \_\_\_\_\_

Address MACON, Mo. Date signed Jan 17

RECEIVED

District Health Officer No. 10

District File Number 2-41-328

Date Filed FEB 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.